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ABSTRACT

The seven studies reported in this paper represent successive attempts to explain the inability of observers to differentiate "good" counseling from "bad" counseling. Essentially, the researchers found that subjects, both undergraduate education majors and graduate counseling students, did not rate a videotaped counselor's performance as more effective when high levels of empathy were illustrated than when there was no empathy included at all. With both high and no empathy conditions, the client, client concerns, and counselor were identical. Ratings consisted of perceptions of empathy and positive regard (Barrett-Lennard Relationship Inventory, 1962), client exploration, and overall counselor effectiveness (two measures designed for these studies). The last several investigations also employed the Counselor Rating Form (Barak & LaCrosse, 1975). Several of the investigations in this series demonstrated that subjects tend to rate the videotape they viewed second as more highly affective than the tape viewed first. The only groups to rate the counseling on the empathy tape as more effective overall were a group of supervisors and two groups of trainees who had completed five weeks of empathy training. Implications for counselor educators are addressed in the paper's discussion section. (Author)

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"Good" Counseling; "Bad" Counseling: Who Can Tell the Difference?

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Abstract

The seven studies reported in this paper represent successive attempts to explain the inability of observers to differentiate "good" counseling from "bad" counseling. Essentially, the researchers found that subjects, both undergraduate education majors and graduate counseling students, did not rate a videotaped counselor's performance as more effective when high levels of empathy were illustrated than when there was no empathy included at all. With both high and no empathy conditions, the client, client concerns, and counselor were identical. Ratings consisted of perceptions of empathy and positive regard (Barrett-Lennard Relationship Inventory, 1962), client exploration and overall counselor effectiveness (two measures designed for these studies). The last several investigations have also employed the Counselor Rating Form (Barak & LaCrosse, 1975). Several of the investigations in this series demonstrated that subjects tend to rate the videotape they had viewed second as more highly effective than the tape viewed first. The only groups to rate the counseling on the empathy tape as more effective overall were a group of supervisors and two groups of trainees who had completed five weeks of empathy training. Implications for counselor educators are addressed in the paper's discussion section.

"Good" Counseling; "Bad" Counseling: Who Can Tell the Difference?

Counselor educators have generally assumed that "good" counseling can be differentiated from "bad" counseling. Live demonstrations and/or videotapes and films of counseling methods are included in every counselor's preparation. The set of seven studies reported in this paper address the logical assumption that obervers can distinguish between two videotapes: one in which the counselor focuses upon communication of understanding of the client through attention to affect (high levels of empathy) and a second in which the counselor uses no attention to affect in any response, thus relying solely on content-oriented responses.

There has been an active debate concerning the essential "goodness" of the empathy response, particularly as it is defined in this study: high empathy is defined as high in terms of Carkhuff's (1969a;1969b) Empathic Understanding Scale. Critics of the importance of empathy for effective counseling have questioned the theoretical basis of Carkhuff and Truax's measures (Hackney, 1978; Rappaport & Chinsky, 1972), the measurement properties of the empathy scales (Chinsky & Rappaport, 1970), and the solidity of the research that has established a relationship between empathy and counseling outcome (Gladstein 1970, 1977; Lambert & DeJulio, 1977). In response to the questions concerning empathy's relevance to counseling effectiveness,

numerous studies have been carried out by Carkhuff and his colleagues. These have been summarized in a number of sources (Carkhuff, 1969a, 1969b, 1972; Anthony & Drasgow, 1978; Truax & Mitchell, 1971). Although the eventual resolution of this ongoing discussion concerning the value of empathy is clearly important to all trainers of counselors, the value of the present investigation does not require an answer to the question raised above. For purposes of this study, it may be sufficient to state that many, if not most, counselor educators continue to consider empathy training as at least the initial step in building crucial human relations skills necessary in a counseling relationship.

In addition to the fact that many counselor educators will certainly persist in teaching empathy to counseling trainees, there is a second area of research that brings additional revelance to the study of the differential effects of a counselor's behavior upon the perceptions of his or her effectiveness. This expanding area of research is based upon Strong's (1968) formulation of counseling as an interpersonal influence process. Numerous studies have been carried out to establish the validity of the model Strong proposed. The evidence accumulated suggests that the interpersonal influence model has been valuable both in establishing counseling relationships and in developing training programs (Corrigan, Dell, Lewis, & Schmidt, 1980; Strong, 1978). Many of the studies derived from Strong's model have attempted to identify behavioral cues that will affect the client's perceptions of the counselor as a credible source of

help. Corrigan et al. (1980) have suggested that the counselor's social influence is more affected by certain counselor performance variables (i.e., those things that the counselor specifically does or does not do) than by other demographic variables (e.g., age, sex, group membership, title, training, attractiveness) which might be used to characterize the counselor. Thus, it would seem very reasonable to investigate the effect of the specific counselor performance variable of empathy upon the perceptions of the counselor's effectiveness and social influence. Such was the purpose of the studies reported in this paper.

A study by Melchior (1980) provided the initial impetus for the present set of investigations. In attempting to ascertain the effects of observer gender, counselor gender, counselor voice inflection and counselor expressed empathy, Melchior found that gender differences and counselor empathy did not significantly influence observer perceptions of a counselor's empathy, regard and effectiveness. The only independent variable that did serve to alter listeners' perceptions of the counselor was voice inflection (monotone vs. normally inflected): Audiotaped Counselors who modulated their voices were rated more highly (particularly in their level of regard) than were counselors whose identical responses were delivered in a monotone.

In discussing the results of his study, Melchior (1980) speculated that the lack of significantly different perceptions between the high empathy and low empathy counselors may have been a product of several factors: (a) The fact that audiotapes rather than videotapes had been employed may have reduced the

interest level (motivation?) of the subjects. (b) The client concern selected for the audiotapes used was, perhaps, not as inherently interesting as other topics -- the client discussed a career decision-making problem. (c) Empathy levels (Carkhuff's Empathic Understanding Scale, 1969a, 1969b) in the high vs. low conditions were not maximized -- there was some empathic communication in the low empathy script, and there were parts of the high empathy script that did not focus on feeling exploration.

As follow-up studies to Melchior's research were contemplated, the present researchers attempted to eliminate the three possible problems outlined above. (a) Videotapes were prepared with the camera focused only on the client, who appeared to be speaking to the camera, and only the voice of the male counselor was heard. (b) The client concern was designed to be maximally interesting: she wanted to discuss difficulties with her boyfriend related to sex. (c) The differences between the high empathy videotape and the low empathy videotape were maximized: nearly every response in the "high" condition directed attention to feelings and none of the "low" condition responses directly employed emotions.

At the time the videotapes were made, the authors believed that the focus on affect in the high empathy videotape was the appropriate way to begin an initial session with the client portrayed. Since one of the major purposes of the initial session, in the view of the authors, was to encourage client self-exploration, a focus on affect seemed the best way to proceed. Every counselor response but one was rated at or above

interchangeable on the Carkhuff Empathic Understanding Scale. Despite the belief that empathy would be the most helpful counselor skill in this situation, the attempt was made to create a second videotape that would appear to be a genuine counseling session. To maximize the difference between the two videotapes on the empathy dimension, the second tape avoided references to affect at all. Thus, with the exception of one statement tangentially related to emotion (the word "difficult" was employed), there were no acknowledgements of the client's feelings. The counselor consistently asked questions and sought further information in a manner designed to avoid any direct or indirect putdowns of the client. It was clear that this nonempathic counselor was paying attention and listening closely to the client despite his total lack of measured Carkhuff empathy.

At this time, now over three years after the initial videotaping, the authors are less ready to label these videotapes as "good" counseling and "bad" counseling. The literature does not appear to support such a value-laden assessment. It is sufficient to state, however, that these two videotapes are dramatically different on the dimension of verbal communication of the client's inner states. The first tape illustrated good empathic communication of Carkhuff's scale and the second illustrated poor communication of empathy.

The set of Investigations

Ideally, the perceptions of the empathic vs. the nonempathic counselor would be collected from clients who had directly engaged in a counseling relationship. In order to control for

inevitable variability in client concern and in counselor presentations, the present set of investigations were carried out as analogue studies. Two videotapes of the same client (a female) speaking to the same counselor (a male) were made. In the first tape, the counselor concentrated attention on affect and consistently made empathy responses at or above the interchangeable level. In the second tape, the counselor made only content responses devoid of attention to feelings. To eliminate the powerful influence of nonverbal counselor factors (c.f., Barak, Patkin, & Dell, 1982; Tepper & Haase, 1978) and to assure consistency of nonspecific factors such as voice quality, two videotapes were made without the presence of the counselor on camera: only the client, who looked directly into the camera, appeared on the tapes. The same videotapes were employed in each of the studies described below.

Each of the studies could be described in much more detail than will be devoted to it in this paper. In order to cover the important aspects of each in a format that would allow common discussion of all, brief synopses of each will be given. Readers who would desire more detail on any of the investigations are encouraged to contact the authors.

Study 1

Subjects

Undergraduate student volunteers were recruited from beginning classes in the College of Education at the University of Cincinnati. Eighty subjects were randomly assigned to each of four conditions in a completely crossed design.

Procedures

The independent variables included the high versus low counselor empathy videotapes and a second independent measure derived from the Melchior (1980) study, counselor voice inflection. Since the counselor was not present on the videotapes that had been developed, it was possible to dub over the actual sound on the two videotapes with the same counselor's voice using the same words but in a complete monotone. Each subject viewed only one videotape and responded to a set of four paper and pencil instruments measuring the subject's perceptions of the counselor that had been illustrated in the videotape. The instruments employed were (a) an instument designed for this study that was intended to measure an observer's estimate of the amount of self-exploration carried on by the client during the interaction; (b) the empathy scale of the Barrett-Lennard Relationshp Inventory (Barrett-Lennard, 1962), an instrument designed to assess the amount of understanding the counselor is likely to have of the client's concerns; (c) the level of regard scale of the Barrett-Lennard Relationship Inventory, a measure expected to reflect the overall respect that the counselor feels for the client; and (d) an overall effectiveness rating of the counselor, based on the responses to three effectiveness questions.

Results

The analysis used was a multivariate analysis of variance with four dependent measures. The results of the MANOVA are summarized in Table 1. Essentially, the results were that undergraduates did not perceive any differences in the performance of

the high empathy as opposed to low empathy counselor. These same subjects, however, did differentiate between the counselor with a montone presentation and the counselor who made the identical statements with a normal voice inflection. Table 2 contains the univariate analyses which serve to illustrate where the differences in voice inflection were primarily felt. Subjects perceived differences favoring the voice inflected counselor on both the level of regard conveyed and on overall effectiveness.

Discussion

These results reaffirmed the findings of the Melchior (1980) study. The increased effectiveness of a normal voice inflection over a monotone was replicated. Unexpectedly, however, the dramatic differences ("dramatic", at least, in the eyes of the researchers) between the high and low empathy counselor videotapes were not identified by subjects. Despite efforts to maximize the differences in the high and low empathy tapes, subjects were unable to perceive differences on the counselor empathy dimension.

Since the researchers perceived the two videotapes as widely different in effectiveness, attempts were made to generate hypotheses to explain why the subjects in Study 1 may not have been able to perceive the differences that did exist between the tapes. One thought was that the subjects had no basis of comparison in judging only the single videotape. Given the opportunity to see both videotapes, subjects would be much more likely to be able to distinguish the differential effects that the two types of counseling approach might have on a client. This hypothesis

led to the next investigation.

Study 2

Subjects

Forty-six masters degree counseling trainees in each of two training programs (Rehabilitation Counseling and Counselor Education) volunteered for participation. Subjects were randomly assigned to the order in which they would view the two videotapes. Thus, approximately half viewed the high empathy tape first, while the remaining group viewed the low empathy tape initially. Each group, however, viewed both videotapes.

Procedures

Unlike the previous study, the voice inflection independent variable was not included. Subjects were asked to view the first videotape, complete the assessment of the counselor using the same instruments as in Study 1, and, then, to repeat this same process with the second videotape.

Results

A multivariate repeated measures analysis of variance analysis was performed on these data. The results of this analysis, however, are considerably easier to understand and interpret when presented as a Repeated Measures ANOVA. For this reason, Table 3 is a combination of what would appear in a standard repeated measures analysis with the reporting of the exact probabilities for the repeated measures tests derived from the Multivariate Repeated Measures analysis. The dependent nature of the data inherent in a repeated measures design creates some difficulties in the direct interpretation of probability levels

associated with the repeated measures F statistic. Such problems can be avoided with the use of the multivariate repeated measures tests for the same effects. See Kirk (1968) for a discussion of the analysis of repeated measures (split-plot) designs. The same procedure for reporting the results of the multivariate repeated measures analyses is followed for each of the subsequent studies.

Examination of Table 3 yields several significant findings. Although there are other significant sources of variance (e.g., the repeated measures effect is highly significant -- an indication that the mean of the four measures is significantly different from zero), the finding of most interest was a significant counselor empathy by order of presentation interaction [F (1, 42)=46.20, p<.001]. The expected difference between the high empathy and low empathy counselor was totally nonexistant [F (1, 42)=0.04, p<.85].

Throughout this series of studies, the repeated measures variable will not be examined in any depth. That there are interactions between the repeated measures variable and other factors is not unexpected, and it is really the package of evaluation perceptions that is the focus of the research.

Discussion

Despite the opportunity to see both videotapes and to gain a perspective in making the ratings of the counselor, subjects did not perceive differences between the high level empathy tape and the tape with no empathy. In addition, however, it was found that, in counterbalancing the order of videotape presentation, the researchers had created a totally unexpected

effect. Whichever videotape was observed second, the counselor on that tape was rated more highly! Table 4 contains the means for each of the four dependent measures across both empathy and order conditions. As the statistical tests have confirmed, there is very little difference between the means for the high versus low empathic counselor, but there are obvious differences between the videotape that had been seen first as compared to the one seen second. These differences are consistent and significant across all of the dependent measures.

How could it be that subjects who observed both the high level empathic counselor and the no empathy counselor would still see no difference in the performance of the two? Certainly it might be expected that the group who saw the non-feeling oriented counselor first might rate that counselor fairly highly until they viewed the empathic counselor. But, it was found that the other group, the people who did see the empathic counselor first, were more positive about the no empathy counselor! The comparision, then, made the content-only counselor look better.

Another follow-up study was planned to obtain more understanding of this unexpected ordering effect. Despite the researchers' own perceptions that the high empathy counselor was more effective in his approach and despite the fact that the high empathy tape was rated on Carkhuff's Empathic Understanding Scale as significantly higher than the low empathy tape, it was hypothesized that the tapes may not be distinguishably different from one another. To test this possibility, Study 3 was carried out.

Study 3

Subjects

A total of 12 doctoral-level trainees who had served as supervisors for one or more masters degree counseling practica comprised the sample for this study.

Procedures

In a fashion similar to Study 2, supervising doctoral students were randomly assigned to view the two videotapes in one of the two possible orders. The four dependent measures used to assess subjective reactions to the two counselors were identical to those in the previous study.

Results

Table 5 consists of a summary of the results of the repeated measures analysis of the data for Study 3. Of interest to the hypothesis advanced are two significant findings: (a) subjects rated the empathy counselor more favorably than the content only counselor [$F(1,10)=8.20$, $p<.02$] and (b) there continued to be an interaction between the empathy condition and the order of presentation [$F(1,10)=15.04$, $p < .01$]. Table 6 contains the means for each dependent measure. Inspection of the means table clarifies the meaning of the significant empathy level by order interaction: whereas the ratings of the high empathy tape are, overall, higher than the low empathy tape, the low empathy tape's mean scores when ordered second are essentially the same as the high empathy tape when shown first.

Because the specific effects of the variables upon individual dependent measures was not the focus of the study, the

significant interactions between repeated measures and empathy and between repeated measures, empathy and order have not been explored.

Discussion

Given the reassurance that subjects trained beyond the masters level in counseling could perceive differences between the two videotapes, the investigators were encouraged to continue. The order effect remained, even with these knowledgeable observers, such that the very great differences in perceptions when comparing the empathy tape (reviewed second) and the content tape (observed first) were washed away when the order of each was reversed.

At this time, the researchers hypothesized that the order effect (although not nearly so pronounced in Study 3 as in the earlier piece of research) may be an artifact of the raters' lack of familiarity with the instruments. For example, in reading and rating an item such as "the counselor is interested in the client," a subject may become sensitized to any behavior on the second tape which might be remotely related to being "interested." A content probe may be equally as likely to be interpreted as "interest" on the second tape as would an emotional reflection.

The possibility of a sensitization to the questionnaires led to the next study. To explore possible sensitization, each subject was given the instruments ten minutes in advance of the videotapes, and they were asked to read carefully through the questions that they would later need to answer about the

videotape.

Study 4

Subjects

Undergraduate education majors again served as subjects. On this occasion, there were a total of 38 volunteer men and women.

Procedures

Identical procedures to those of Study 3 were employed in this investigation.

Results

Table 7 contains the summary of the repeated measures ANOVA for Study 4. With naive subjects again the focus of study, the order effect eliminated any significant main effect for empathy level. In fact, the means in Table 8 illustrate that the near significance for empathy level [$F(1,36) = 3.67$, $p < .06$] was in a direction opposite to the original expectations: the no empathy counselor was perceived slightly (and not significantly) more positively than the high empathy counselor. Without question, however, the second videotape was perceived as more effective than the first (see Table 8).

Discussion

Despite a review of the questionnaires in advance of rating the videotapes, undergraduate students continued to prefer the second videotape, whether a high or low empathic counselor was illustrated.

It was decided that the next investigation would enhance the familiarity of the subject with the rating instruments even further. Perhaps the preview reading of Study 4 was

insufficiently extensive to eliminate the sensitizing effects of actually completing the forms.

Study 5

Subjects

Twenty-nine graduate students in a beginning prepracticum class served as subjects. The study was carried out on the initial day of class, prior to any discussion of or exposure to empathy training.

Procedures

Prior to viewing the videotapes, subjects were given the rating measures and asked to observe a live role-play which alternated high and no empathy responses. Although subjects did not actually complete the rating scales relative to the live role-play, they were instructed to read the questions and think about how they might have responded. Without discussion or interaction relative to the role-play, subjects were randomly assigned to two separate rooms (the two orders of presentation) to view and rate the two empathy videotapes.

One additional alteration from the earlier studies was the inclusion of the Counselor Rating Form (Barak & LaCrosse, 1975). The CRF, with its subscales of expertness, trustworthiness, and attractiveness, was added because it is the core dependent measure employed in the wide variety of investigations related to the Social Influence Model of counseling (Strong, 1978). Because the social influence research has its base in how differential perceptions of the counselor affect counseling and counseling effectiveness, it seemed very appropriate to add the CRF to the

existing list of measures.

Results

A summary of the data analysis is found in Table 9. The tests of major interest, those for counselor empathy [$F(1,29) = 2.81$, $p < .10$] and empathy by order interaction [$F(1,29) = 1.49$, $p = .23$] were both nonsignificant.

Discussion

Apparently, there was an effect resulting from the increased familiarity with the instrumentation. Reviewing the questionnaires in the context of viewing a role-play and contemplating how the questions might be answered relative to that role-play eliminated the effect of the order of videotape presentation. Therefore, these results served as tentative support for the hypothesis that the actual testing is reactive. One time completing the forms may sensitize the individual to see the evidence of certain behaviors more readily in the second videotape review.

As inspection of Table 10 will confirm, subjects in this study rated both counselor styles as equally effective. (As with Study 4, there was a very small and nonsignificant preference for the content-only counselor.) Means for groups rating either of the videotapes ordered first or second were virtually identical.

As a result of this part of the research, the investigators concluded that naive subjects (and a group of counseling graduate students before their first counseling class is nearly as naive about counseling as are the undergraduate subjects) are unable to differentiate "good" from "bad" counseling. As outside

observers, even though they had been asked to imagine themselves as the client and to rate the counselor from the client's perspective, they may well "miss" those aspects of the counseling that create the differences in perceptions of the counselor. This conclusion is similar to that of Heesacker and Heppner (1983): "analogue research in counseling needs to match counseling conditions more closely" (p. 186).

Having concluded that naive subjects could not distinguish high verses low empathic styles, the researchers decided to turn attention to subjects who might be considered as more knowledgeable observers. Additionally, it was decided that the next study would be carried out without the role-play to familiarize subjects with the instruments. Since the role-play had eliminated the ordering of presentation effect in naive subjects in Study 5, the researchers were curious to see if the order effect would reappear with the elimination of the role play, even with less naive subjects.

Study 6

Subjects

Masters level counseling graduate students who had recently completed their prepracticum course were the subjects for this investigation. During the prepracticum class that they had just completed (the experiment was run on the last day of class), these 21 students had been involved in at least six class sessions of empathy training. They had discussed the importance of empathy in building counseling relationships and in aiding the client to explore his or her concerns in the counseling

interaction. All students had demonstrated in live role-plays their ability to communicate empathy at or above an interchangeable level on Carkhuff's Empathic Understanding Scale. In addition to empathy training, subjects had also developed and demonstrated these additional basic counseling skills: (a) explanation of the counseling relationship, (b) confrontation, (c) information collection, and (d) goal setting. Thus, although not the experienced counselors characteristic of the subjects in Study 3, these subjects were expected to have more sophistication about the counseling process than the beginning trainee or the undergraduate student.

Procedures

In a manner similar to Study 4, subjects were asked to review the questionnaires prior to viewing the videotapes. There was no live role-play involved. As had been true in Study 5, the three measures derived from the Counselor Rating Form were incorporated into the analysis.

Results

Table 11 contains a summary of the data analysis in Study 6. Both of the empathy effect and the empathy by order interaction effect were significant. These more knowledgeable (or, perhaps, more indoctrinated) subjects viewed the high empathy counselor more positively than the no empathy counselor [$F(1,19)=7.77$, $p<.01$]. However, the ordering effect absent in Study 5 reappeared in the form of the highly significant empathy by ordering interaction [$F(1,19)=22.13$, $p<.001$].

Discussion

Examination of Table 12 helps to clarify what the significant findings mean. Unlike Study 3, where the low empathy tape viewed second and the high empathy tape viewed first were rated nearly identically to create a significant ordering effect (despite the overall significant effect for empathy), the data for Study 6 indicate that both second videotapes were rated quite closely. The source of the ordering by empathy interaction seems to be that the high empathy tape was viewed much more positively than the low empathy tape when both were rated first. Essentially, what seems to be creating the cell specific effect (i.e, the interaction) is the relatively low ratings of the no empathy counselor in the situation where the counselor's performance was observed first. As has been true in all of the previous studies, the identical videotape does tend to receive higher evaluations from subjects if it was observed second.

The researchers in Study 6 had "stacked the cards" in their favor by administering the experiment only four weeks after all subjects had received intensive training in empathy. Thus, despite the continued effect for ordering, subjects were able to differentiate the videotapes. On the average, these subjects found the highly empathic counselor more effective on the package of measures employed. Somewhat disturbing, however, was the fact that the low empathic counselor was rated nearly identically to the high empathic counselor if that videotape was observed second. Since the activities of the prepracticum class had focused upon such non-reflective counseling skills as information

collection, goal setting, and confrontation in the weeks following the conclusion of empathy training, the hypothesis was raised that prepracticum students who had not yet received any training other than empathy might well react differently.

Study 7

Subjects

Immediately upon completion of the empathy training portion of the prepracticum course for masters counseling trainees, the investigation was carried out with those 24 students who volunteered to participate.

Procedures

The procedures for this study were identical in all respects to those of the previous investigation, Study 6. The only difference was that these students were tested immediately after their final day of empathy practice.

Results

Table 13 contains the summary of the repeated measures analysis of variance for the data collected for Study 7. The counselor empathy effect [$F(1,22)=11.70$, $p<.01$] and the empathy by order of presentation interaction effect [$F(1,22)=6.74$, $p<.02$] were again significant. Unlike previous studies, however, the high empathy videotaped counselor was rated approximately as highly as the low empathy counselor, even when the empathic counselor had been observed first and the content counselor had been seen second (See Table 14). When both the high and the low counselor were viewed second, the empathic counselor was perceived much more positively than the content counselor.

Discussion

As had been anticipated, those students who had very recently been introduced to empathy (and nothing else) preferred the high empathy counselor. The ordering effect was still present in that the group which saw the content videotape second did not perceive quite as much difference beteeen high and low videotapes as did the group with the opposite order. However, in both orders of presentation, the high empathy counselor was preferred.

Implications of the Research

In order to address the implications of the entire series of studies, it would be best to review briefly what has been learned. First of all, observers rate a counselor who speaks in a normally inflected voice more positively than a counselor who speaks in a monotone. Secondly, subjects untrained in counseling skills do not perceive differences between a highly empathic counselor and one who uses no empathy at all. Thirdly, when subjects are shown two videotapes (one with empathy and one without), they tend to rate the counselor on the second tape more positively. Fourth, trained and experienced counselors do prefer the empathic style over the content style of counseling despite their tendency to rate whichever counselor they viewed second as more positive than they might have rated that same counselor had the tape been observed first. Finally, the ordering effect favoring the second counselor (whichever style that happens to be) can be eliminated by giving subjects the rating instruments and by asking them to observe a role-played interaction involving

both empathic and content responses.

It certainly must be recognized that the studies that are reported here are nothing more that vicarious analogues of "real" counseling. As Munley (1974) has pointed out, such studies have advantages in terms of control for internal validity but lack in the area of external generalization. All of the invesigations described above are, in a strict sense, only descriptive of one counseling dialogue between one counselor (using two different styles) and one client. Even though subjects were directly encouraged to get into the client's perspective and to try to evaluate the counselor from that perspective, it seems likely that such a request is not easily accomplished. Thus, the present researchers feel a replication of this type of study with subjects actually dealing directly with a counselor (e.g., Ehrlich, D'Augelli, & Danish, 1979) would be very appropriate.

Related indirectly to this same issue of generalizability is the somewhat serendipitous finding of Mckitrick (1981) that subjects who had actually been seen as clients may have tended to rate a videotaped counselor more negatively than those who had not been clients. This may be an indication that subjects with a better base of comparison are more discriminating than a "naive" subject. A replication of the present investigation with subjects who had experienced counseling would prove interesting in this regard.

Granted the necessary cautions in the use of the findings of this study, what might these results be telling us as counselor educators? There are at least five lessons that the authors have

learned from this experience:

1. Don't make assumptions about what is good and bad counseling. Those differences that you can clearly see are not necessarily going to be identified by other observers.

2. As Study 5 illustrates, when given rather direct preparation on what to observe and on what to focus, subjects will, at least, not have their evaluations effected by the order in which they view the videotapes. Thus, it is recommended that criteria for viewing any counselor model precede the demonstration itself.

3. In a very specific sense, the two demonstration videotapes developed for this study may be unrealistic extremes which separate two distinct styles of counseling unnecessarily. Both the content counselor and the empathic counselor have attribbutes that observers find attractive: perhaps the best counselor would combine parts of both approaches.

4. Watching a second videotape seems to allow the observers more opportunity to ask themselves questions to clarify their understanding of the counselor and client. Subjects reported they liked the second videotape better because they knew so much more about what was going on with the client. Additional information, of course, was obtained from whichever tape was viewed second in order. That this information was content-oriented or feeling-oriented, apparently, did not matter for evaluation purposes <u>unless</u> the observer was an experienced counselor or a trainee recently completing empathy training. The accumulation of this additional information may be like a "vicarious interaction" with the counselor on the videotape. With each

successive viewing, the observer can gain more and more the perspective of the individual who is presenting her concerns on the tape.

5. Whatever the reason for the ordering effect, one thing seems clear: when giving what are believed to be appropriate and inappropriate models of counseling, always have the better of the models presented last.

With the intention of further evaluation some of the tentative conclusions that are listed above, the present researchers do not perceive this as their final report on studies in this area. Simply the fact that potential clients who are seeking therapy for the first time may be unable to discriminate more appropriate help from less appropriate help makes the continued investigation in this area very worthwhile.

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Table 1

Multivariate Analysis of Variance for Study 1 -- Voice Inflection and Level of Empathy upon Barrett-Lennard Regard and Empathy; Client Exploration; and Counselor Effectiveness Rating

Source of Variance	d.f.	Multivariate F	p<
Counselor Empathy	4,73	1.79	.14
Voice Inflection	4,73	2.67	.04
Empathy X Inflection Interaction	4,73	.94	.45

Table 2

Univariate Analyses for the Independent Variable of Voice Inflection in Study 1

Variable	Hypothesis Mean Square	Error Mean Square	Univariate F	p<
Client Exploration	32.51	179.44	.18	.67
Barrett-Lennard Level of Regard	621.94	112.94	5.51	.02[a]
Barrett-Lennard Empathy	316.01	113.94	2.78	.10
Counselor Effectiveness	86.11	21.61	3.98	.05[b]

Degrees of Freedom for Hypothesis = 1

Degrees of Freedom for Error = 76

[a]Barrett-Lennard Empathy Means: Modulated Voice Mean = 70.78; Monotone Voice Mean = 68.80

[b]Counselor Effectiveness Means: Modulated Voice Mean = 10.52; Monotone Voice Mean = 8.45

Table 3
Repeated Measures ANOVA for Study 2 (Counselor Trainee Sample) with Four Ratings of the Videotaped Counselor's Performance (Barrett-Lennard Empathy and Regard; Client Exploration; Counselor Effectiveness)

Source of Variance	d.f.	MS	F	p<
Design Over Subjects				
Counseling Program (C)	1	7744.64	3.27	.08
Presentation Order (O)	1	3462.82	1.46	.23
C x O Interaction	1	6260.70	2.64	.11
Error -- Subjects Within Order (S:O)	42	2370.72		
Design Over Measures				
Counselor Empathy (E)	1	22.26	.04	.85[a]
E x C Interaction	1	1781.93	3.05	.09[a]
E x O Interaction	1	26961.37	46.20	.001[a]
E x C x O Interaction	1	1088.99	1.87	.18[a]
Error -- E x S:O	42	583.58		
Repeated Measures (R)	3	66355.39	737.81	.001[a]
R x C Interaction	3	437.15	4.94	.02[a]
R x O Interaction	3	62.15	.70	.27[a]
R x C x O Interaction	3	151.59	1.71	.05[a]
Error -- R x S:O	126	88.58		
R x E Interaction	3	8.93	.15	.77[a]
R x E x C Interaction	3	5.49	.09	.54[a]
R x E x O Interaction	3	80.61	1.34	.001[a]
R x E x C x O Interact.	3	20.74	.34	.36[a]
Error -- RxExS:O	126	60.35		

[a]Probabilities based on an exact test of repeated measures effects in a multivariate repeated meaures analysis. For this reason, the exact probabilities may not match the probabilities apparently indicated by a straight repeated measures analysis.

Table 4

Means as a Function of Counselor Empathy Level and Videotape Order in Study 2 -- Beginning Counselor Trainees

	Empathy			
	High		Low	
Measure	Ordered First	Ordered Second	Ordered First	Ordered Second
Client Exploration	69.84	84.93	72.96	91.00
Barrett-Lennard Level of Regard	85.00	96.63	84.74	102.68
Barrett-Lennard Empathy	71.00	79.78	69.26	85.16
Counselor Effectiveness	8.74	15.07	9.67	15.63
Totals	234.58	276.41	236.63	294.44

Table 5

Repeated Measures ANOVA for Study 3 (Doctoral -level supervisors) with Four Ratings of the Videotaped Counselor's Performance (Barrett-Lennard Empathy and Regard; Client Exploration; Counselor Effectiveness)

Source of Variance	d.f.	MS	F	p<
Design Over Subjects				
Order of Presentaion of Videotapes (O)	1	3320.86	.94	.35
Error -- Subjects Within Order (S:O)	10	3511.61		
Design Over Measures				
Counselor Empathy (E)	1	5655.02	8.20	.02[a]
E x O Interaction	1	10375.37	15.04	.01[a]
Error -- E x S:O	10	583.58		
Repeated Measures (R)	3	17255.16	206.79	.001[a]
R x O Interaction	3	116.03	1.39	.24[a]
Error -- R x S:O	30	83.44		
R x E Interaction	3	28.90	2.39	.01[a]
R x E x O Interaction	3	33.47	2.77	.03[a]
Error -- RxExS:O	30	12.10		

[a]Probabilities based on an exact test of repeated measures effects in a multivariate repeated meaures analysis. For this reason, the exact probabilities may not match the probabilities apparently indicated by a straight repeated measures analysis.

Table 6

Means as a Function of Counselor Empathy Level and Videotape Order in Study 3 -- Doctoral-level Supervision Trainees

	Empathy			
	High		Low	
Measure	Ordered First	Ordered Second	Ordered First	Ordered Second
Client Exploration	77.14	100.60	65.40	82.28
Barrett-Lennard Level of Regard	88.14	114.20	84.00	90.86
Barrett-Lennard Empathy	75.57	96.80	60.80	73.57
Counselor Effectiveness	13.43	19.20	7.60	13.86
Totals	254.28	330.80	217.80	260.57

Table 7

Repeated Measures ANOVA for Study 4 (Undergraduate education majors) with Four Ratings of the Videotaped Counselor's Performance (Barrett-Lennard Empathy and Regard; Client Exploration; Counselor Effectiveness)

Source of Variance	d.f.	MS	F	p<
Design Over Subjects				
Order of Presentaion of Videotapes (O)	1	1862.00	.48	.49
Error -- Subjects Within Order (S:O)	36	3873.36		
Design Over Measures				
Counselor Empathy (E)	1	2259.18	3.67	.06[a]
E x O Interaction	1	20751.16	33.73	.001[a]
Error -- E x S:O	36	615.25		
Repeated Measures (R)	3	49503.62	637.85	.001[a]
R x O Interaction	3	15.67	.20	.77[a]
Error -- R x S:O	108	77.61		
R x E Interaction	3	36.04	2.39	.13[a]
R x E x O Interaction	3	79.15	5.24	.001[a]
Error -- RxExS:O	108	15.11		

[a]Probabilities based on an exact test of repeated measures effects in a multivariate repeated meaures analysis. For this reason, the exact probabilities may not match the probabilities apparently indicated by a straight repeated measures analysis.

Table 8

Means as a Function of Counselor Empathy Level and Videotape Order in Study 4 -- Undergraduate Education Majors

	Empathy			
	High		Low	
Measure	Ordered First	Ordered Second	Ordered First	Ordered Second
Client Exploration	72.05	82.26	75.10	90.94
Barrett-Lennard Level of Regard	77.53	92.47	81.89	99.94
Barrett-Lennard Empathy	67.05	76.78	67.16	80.79
Counselor Effectiveness	9.21	14.16	10.10	16.32
Totals	225.84	265.87	234.25	287.99

Table 9

Repeated Measures ANOVA for Study 5 -Counselor Trainees Prior to Their First Counseling Class (Seven Ratings of the Videotaped Counselor's Performance: Barrett-Lennard Empathy and Regard; Client Exploration; Counselor Effectiveness; Counselor Rating Form Expertness, Trustworthiness, and Attractivenss)

Source of Variance	d.f.	MS	F	p<
Design Over Subjects				
Order of Presentaion of Videotapes (O)	1	997.61	.15	.70
Error -- Subjects Within Order (S:O)	29	6633.93		
Design Over Measures				
Counselor Empathy (E)	1	2810.70	2.81	.10[a]
E x O Interaction	1	1488.69	1.49	.23[a]
Error -- E x S:O	29	999.59		
Repeated Measures (R)	6	81138.70	315.95	.001[a]
R x O Interaction	6	73.28	.29	.34[a]
Error -- R x S:O	174	256.81		
R x E Interaction	6	26.63	1.77	.20[a]
R x E x O Interaction	6	13.66	.91	.51[a]
Error -- RxExS:O	174	15.02		

[a]Probabilities based on an exact test of repeated measures effects in a multivariate repeated meaures analysis. For this reason, the exact probabilities may not match the probabilities apparently indicated by a straight repeated measures analysis.

Table 10
Means as a Function of Counselor Empathy Level and Videotape Order in Study 5 -- Counseling Trainees Before Their First Course

	Empathy			
	High		Low	
Measure	Ordered First	Ordered Second	Ordered First	Ordered Second
Client Exploration	79.53	78.93	84.43	85.53
Barrett-Lennard Level of Regard	90.67	96.21	96.43	96.40
Barrett-Lennard Empathy	76.67	76.93	78.57	80.93
Counselor Effectiveness	11.60	13.14	13.86	14.73
Counselor Rating Form - Expertness	53.93	60.71	60.86	62.47
Cnslr. Rating Form Trustworthiness	50.60	56.07	52.28	53.53
Cnslr. Rating Form Attractiveness	56.07	57.21	57.64	59.00
Totals	419.07	438.48	444.07	452.59

Table 11

Repeated Measures ANOVA for Study 6 -- Counselor Trainees at the Completion of Their Prepracticum Class (Seven Ratings of the Videotaped Counselor's Performance: Barrett-Lennard Empathy and Regard; Client Exploration; Counselor Effectiveness; Counselor Rating Form Expertness, Trustworthiness, and Attractivenss)

Source of Variance	d.f.	MS	F	p<
Design Over Subjects				
Order of Presentaion of Videotapes (O)	1	7027.20	1.40	.25
Error -- Subjects Within Order (S:O)	19	5035.32		
Design Over Measures				
Counselor Empathy (E)	1	6985.19	7.77	.01[a]
E x O Interaction	1	19902.68	22.13	.001[a]
Error -- E x S:O	19	899.48		
Repeated Measures (R)	6	52528.53	690.98	.001[a]
R x O Interaction	6	127.57	1.68	.27[a]
Error -- R x S:O	114	76.02		
R x E Interaction	6	36.39	2.55	.01[a]
R x E x O Interaction	6	71.56	5.01	.06[a]
Error -- RxExS:O	114	14.29		

[a]Probabilities based on an exact test of repeated measures effects in a multivariate repeated meaures analysis. For this reason, the exact probabilities may not match the probabilities apparently indicated by a straight repeated measures analysis.

Table 12
Means as a Function of Counselor Empathy Level and Videotape Order in Study 6 -- Counseling Trainees After Completion of an Entire Prepracticum Course

	Empathy			
	High		Low	
Measure	Ordered First	Ordered Second	Ordered First	Ordered Second
Client Exploration	79.50	85.45	67.91	86.20
Barrett-Lennard Level of Regard	88.90	100.45	80.27	96.80
Barrett-Lennard Empathy	75.30	84.00	63.36	79.00
Counselor Effectiveness	13.30	16.18	10.45	15.50
Counselor Rating Form - Expertness	60.80	63.18	53.27	65.20
Cnslr. Rating Form Trustworthiness	53.80	61.54	47.36	52.30
Cnslr. Rating Form Attractiveness	56.80	60.91	53.91	61.50
Totals	428.40	471.71	366.08	456.50

Table 13

Repeated Measures ANOVA for Study 7 -- Counselor Trainees at the Middle of Their Prepracticum Class (Seven Ratings of the Videotaped Counselor's Performance: Barrett-Lennard Empathy and Regard; Client Exploration; Counselor Effectiveness; Counselor Rating Form Expertness, Trustworthiness, and Attractivenss)

Source of Variance	d.f.	MS	F	p<
Design Over Subjects				
Order of Presentaion of Videotapes (O)	1	2641.64	.36	.55
Error -- Subjects Within Order (S:O)	22	7329.70		
Design Over Measures				
Counselor Empathy (E)	1	26900.51	11.70	.01[a]
E x O Interaction	1	15482.75	6.74	.02[a]
Error -- E x S:O	22	2298.77		
Repeated Measures (R)	6	64589.72	634.35	.001[a]
R x O Interaction	6	209.84	2.06	.24[a]
Error -- R x S:O	132	101.82		
R x E Interaction	6	194.80	11.03	.01[a]
R x E x O Interaction	6	45.67	2.59	.05[a]
Error -- RxExS:O	132	17.66		

[a]Probabilities based on an exact test of repeated measures effects in a multivariate repeated meaures analysis. For this reason, the exact probabilities may not match the probabilities apparently indicated by a straight repeated measures analysis.

Table 14
Means as a Function of Counselor Empathy Level and Videotape Order in Study 7 -- Counseling Trainees After Completion of that Portion of the Prepracticum that Deals Directly with Empathy Training

	Empathy			
	High		Low	
Measure	Ordered First	Ordered Second	Ordered First	Ordered Second
Client Exploration	87.31	91.00	66.73	80.38
Barrett-Lennard Level of Regard	99.77	105.73	77.91	96.92
Barrett-Lennard Empathy	84.85	92.09	66.36	72.77
Counselor Effectiveness	14.46	17.82	11.18	14.46
Counselor Rating Form - Expertness	63.23	70.91	56.27	64.38
Cnslr. Rating Form Trustworthiness	55.08	62.82	49.81	55.00
Cnslr. Rating Form Attractiveness	59.77	64.54	54.45	60.31
Totals	464.47	504.91	382.71	444.22